



Nebraska Self Employment Services
Exploring Self Employment Workshop Referral

Client Name:

Social Security #:

Address:

City, State, & Zip:

Home Phone:

Business Phone:

Cell Phone:

Email:

Counselor:

Office City:

Counselor Phone:

Today's Date:

Directions: *Please select a checkbox indicating which workshop the client will attend.*

Location	Date	Referral (please select a box)
Lincoln	2/4/2014	<input type="checkbox"/>
Downtown Omaha	2/7/2014	<input type="checkbox"/>
Grand Island	3/4/2014	<input type="checkbox"/>
North Platte	4/23/2014	<input type="checkbox"/>
Scottsbluff	4/24/2014	<input type="checkbox"/>
Downtown Omaha	5/16/2014	<input type="checkbox"/>
Lincoln	6/10/2014	<input type="checkbox"/>
Lincoln	7/17/2014	<input type="checkbox"/>
Grand Island	8/12/2014	<input type="checkbox"/>
Downtown Omaha	9/15/2014	<input type="checkbox"/>

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	Yes	No
Does the client currently receive Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Will VR Counselor attend the workshop?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client currently receive VA benefits?	<input type="checkbox"/>	<input type="checkbox"/>

If needed, please describe any necessary accommodations below

Please save this completed "Exploring Self Employment Workshop Referral" form and fax to 402-296-0265 or mail to The Abilities Fund, P.O. Box 394, Plattsmouth, NE 68048

Form updated 10-2013